

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90099 021 ***150.00

DOCUMENT # P01000014275

1. Entity Name
TURNABLE THUGS, INC.

Principal Place of Business
8275 NORTHWEST 158 TERRACE
MIAMI FL 33016

Mailing Address
8275 NORTHWEST 158 TERRACE
MIAMI FL 33016

2. Principal Place of Business
15315 NW 60th Ave

3. Mailing Address
8275 NW 158 Tr.

Suite, Apt. #, etc.
1056

Suite, Apt. #, etc.
1056

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1076583

Applied For
Not Applicable

Zip
33014

Country **USA**

Zip
33016

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARCO
8275 NORTHWEST 158 TERRACE
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name **Rodriguez, Marco**
Street Address (P.O. Box Number is Not Acceptable)
8275 NW 158 Tr.
City **MIAMI** **FL** Zip Code **33016**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Mark Rodriguez*
Signature, typed or printed name of registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **01/14/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARCO 8275 NORTHWEST 158 TERRACE MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKLOVITCH, ALAIN 252 QUERBES MONTREAL, QUEBEC H3V3W2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, ARIST 15298 S.W. 179TH TERRACE MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01/14/02**

DAYTIME PHONE # **(305) 557-5227**

CR2E034 (9/01)